

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER- 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51		2	
2							52		3	
3							53		3	
4	1	1					54		2	
5		1					55		2	
6		1					56		1	
7		1					57		1	
8		1					58		1	
9		1					59		1	
10		1					60		3	
11		1					61		1	
12		1					62		1	
13		1					63		1	
14		1					64		1	
15		1					65		1	
16		1					66		1	
17		1					67		1	
18		1					68		1	
19		1					69		1	
20		1					70		1	
21		1					71		1	
22		1					72		1	
23		1					73		1	
24		1					74		1	
25		1					75		1	
26		1					76		3	
27		1					77		3	
28		1					78		1	
29		1					79		2	
30	1						80		1	
31	1						81		4	
32	1						82		3	
33	1						83		1	
34	1						84			
35	1						85			
36	1						86			
37	1						87			
38	1						88			
39	1						89			
40	1						90			
41	1						91			
42	1						92			
43	1						93			
44	1						94			
45	1						95			
46	1						96			
47	1						97			
48	1						98			
49	2						99			
50	2						100			
TOTAL IND.	6						TOTAL IND.			
TOTAL DEP.	3						TOTAL DEP.			
TOTAL CLAIMS	9						TOTAL CLAIMS			